



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application: )  
)  
Philip H. Snyder ) Before the Examiner  
) (Unknown)  
Serial No. 10/613,290 )  
) Group Art Unit  
Filed July 3, 2003 )  
)  
CONSTANT VOLUME COMBUSTOR ) Our Ref.: 6001-980

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John H. Allie

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Sir:

Pursuant to the duty of disclosure embodied in 37 C.F.R. §1.56, Applicants wish to bring to the attention of the Examiner the references listed on the enclosed Information Disclosure Statement. These references have not been previously submitted in this application, nor heretofore cited by the examiner. Copies of the cited references are enclosed in accordance with 37 C.F.R. §1.98.

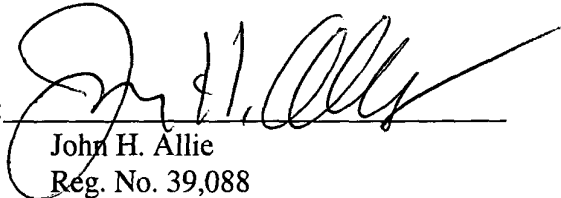
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This Statement is being submitted within three months of the filing date of the application and prior to the mailing of any Office Action on the merits. It is believed that no fee is required

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Respectfully submitted,

By:



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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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|------------------------|------------------|
| Application Number     | 10/613,290       |
| Filing Date            | July 3, 2003     |
| First Named Inventor   | Philip H. Snyder |
| Group Art Unit         |                  |
| Examiner Name          |                  |
| Attorney Docket Number | 6001-988         |

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|-------|---|----|---|
| Sheet | 1 | of | 1 |
|-------|---|----|---|

## U.S. PATENT DOCUMENTS

| Examiner Initials* | Cite No. <sup>1</sup> | Document Number                          | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Application of Cited Document | Pages, Columns, Lines where<br>Relevant Passages or Relevant<br>Figures Appear |
|--------------------|-----------------------|--|--------------------------------|--|--|
|                    |                       | Number-Kind Code <sup>2</sup> (if known) |                                |  |  |
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|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>Signature |  | Date<br>Considered |  |
|-----------------------|--|--------------------|--|

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